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INDICATION FORM**

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| Application Number | 10/730906 |
| Filing Date | October 30, 2002 |
| First Named Inventor | Alix T. Toland |
| Title | Color identification system |
| Art Unit | 3711 |
| Examiner Name | Kurt Fernstrom |
| Attorney Docket Number | AlixColorRPA1 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|----------------|-----------|--------------|
| Signature | | Date | Dec 10 '07 |
| Name | Alix T. Toland | Telephone | 701-423-1506 |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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